



State of Hawaii
Department of Health

APPLICATION FOR RADIATION FACILITY / SERVICES LICENSE

License is required by Title 11, Administrative Rules, Department of Health, Chapter 45, Radiation Control.

Part I. Doing-Business-As (DBA)	Part II. Business Information (i.e. Inc., LLC)
Name of Facility	Name of Facility
Street Address	Street Address
City State Zipcode	City State Zipcode
Mailing Address	Mailing Address
City State Zipcode	City State Zipcode
Phone Fax (Optional)	Phone Fax (Optional)

Part III. Responsible Personnel (attach additional sheets as needed)	
Facility Compliance Contact (Required)	Facility Inspection Contact
Person Responsible for Radiation Safety (Required)	Other

Part IV. Radiation Producing Equipment (attach additional sheets as needed)					<input type="checkbox"/> No Radiation Producing Equipment
Manufacturer	Control Model No.	Control Serial No.	Manufacture Date	Location	Purpose/Use

Part V. Radioactive Materials (attach additional sheets as needed)					<input type="checkbox"/> No Licensable Radioactive Materials
Isotope	Sealed: Y/N	Source Strength	Estimated Annual Use (Ci or Bq)	Avg. Qty. On Hand (Ci or Bq)	Purpose/Use

Part VI. Radiation Facility/Services Fee Schedule

Indicate all categories for which a license is requested:

- | | | | |
|--|-------|---|-------|
| <input type="checkbox"/> Medical x-ray facility with 8+ units | \$150 | <input type="checkbox"/> Radiation therapy facility | \$100 |
| <input type="checkbox"/> Medical x-ray facility with 5-7 units | \$100 | <input type="checkbox"/> Medical radionuclide facility | \$100 |
| <input type="checkbox"/> Medical x-ray facility with 1-4 units | \$50 | <input type="checkbox"/> Industrial radiography | \$50 |
| <input type="checkbox"/> Chiropractic x-ray facility | \$50 | <input type="checkbox"/> Other radiation facility | \$30 |
| <input type="checkbox"/> Dental x-ray facility with 5+ units | \$50 | <input type="checkbox"/> Radiation services - health physics | \$30 |
| <input type="checkbox"/> Dental x-ray facility with 1-4 units | \$30 | <input type="checkbox"/> Radiation services - medical physics | \$30 |
| <input type="checkbox"/> Podiatry x-ray facility | \$30 | <input type="checkbox"/> Radiation services - sales & lease | \$30 |
| <input type="checkbox"/> Veterinary x-ray facility | \$30 | <input type="checkbox"/> Radiation services - x-ray installation & services | \$30 |

For facilities/services with multiple categories, the license fee shall be the fee for the single highest dollar value category.

I declare that all the information appearing on this application is accurate and true to the best of my knowledge.

X

Signature of facility owner / lessee / user / authorized agent

Date

**RADIATION FACILITY/SERVICES
LICENSE FEE: \$**

Please make checks payable to: **STATE DEPARTMENT OF HEALTH**

Return this application with the appropriate attachments to:

Indoor and Rad Health Branch
591 Ala Moana Blvd., Rm. 133
Honolulu, Hawaii 96813-4921

All fees are non-refundable.

There will be a service fee of \$25.00 for any check dishonored by the bank.

FOR OFFICE USE ONLY

Date Received:

Fee Paid \$

Receipt Number:

Application: Approved / Disapproved

Date:

License(s) Number(s):

Medical

Industrial

Chiropractic

Other

Dental

Rad Svc - health physics

Podiatry

Rad Svc - medical physics

Veterinary

Rad Svc - sales & lease

Rad Therapy

Rad Svc - installation & svcs

Nuc Med

License(s) Expire: